SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL
LONDON SATURDAY JULY 13 1940

INSURANCE ACTS COMMITTEE OF THE B.M.A.

A meeting of the Insurance Acts Committee—the first of the full Committee since June of last year—was held on June 27, when Dr. E. A. Gregg was unanimously re-elected chairman. Sympathetic reference was made to the passing of Dr. C. H. Panting, a member of the Committee for twenty-one years, and a zealous advocate of the Public Medical Service, who did much useful work for his fellow practitioners in his own county of Essex and on central bodies.

Question of Wartime Addition to Capitation Fee

The principal matter for consideration before the meeting was whether any move should be made towards an increase in the capitation fee in view of the rising cost of living and of practice expenses. Notice had been given that the question of a basic increase in the fee had not been laid aside and might be raised at any moment found suitable, but the immediate issue was whether the fee on its present basis was adequate, having in mind the changing economic circumstances due to the war. The Executive had come to the conclusion that on the question of the increased cost of living generally as affecting everybody in the country action should be withheld unless and until comparable sections of the population made claims for increases in their remuneration. The chairman added, however, that here was one small sphere in which some recognition might be claimed. The capitation fee was a gross fee which included expenditure on those necessary provisions for carrying on the service, such as accommodation for insured patients, cost of lighting and heating, motoring expenses, stationery, and so forth. Had the increase of practice expenses under these headings advanced to such a point as to justify an approach to the Government? The Secretary of the Committee said that on the question of practice expenses an expert economist and an expert on motoring costs had furnished reports, the findings of which had been applied to certain typical practice returns, and on present calculations the percentage increase on practice expenses as between August, 1939, and the present time had been 8.7.

The opinion of each member of the Committee was separately taken, and it was the universal feeling that this figure, with the small proportion that it represented of the capitation fee, did not justify any move of this kind at the present time, though most members thought that the figure should be carefully watched, and that if it rose to a certain point action should at once be taken. It was, indeed, the unanimous feeling that the time was not opportune for approaching the Ministry on the subject, and it was agreed to leave the matter in the hands of the Executive to watch developments. The question was also raised whether the average number of items of service per insured person had increased and was increasing owing to the withdrawal from the insured population of large numbers of healthy males, but the experience of members of the Committee who spoke on this subject was that on the whole the work had not been more onerous.

Different considerations attached to the question of the dispensing capitation fee. The cost of drugs had risen and was still rising. The view of the Committee was that in approaching the Ministry on this subject matters should be so arranged that it would not be necessary to make the approach repeatedly with each successive increase, but that some agreed basis should be sought on which, as the cost rose, there would be a proportionate adjustment of the dispensing capitation fee. The Executive was asked to pursue this matter.

Two Panel Committees had suggested that an application should be made for an increase in the Central Mileage Fund, but the Executive did not recommend that any action be taken in this connexion at the present time, bearing in mind that the mileage fund is a fixed amount, and with this view the Committee agreed. One member, a prominent rural practitioner, said that in spite of all that had been stated in the past he was increasingly convinced that the contention of the town practitioner that he travelled a greater distance than the rural practitioner commonly supposed was entirely justified.

Treatment of Insured Persons injured in Air Raids

The Committee turned to the question under "Range of Service" of the treatment of insured persons injured in air raids. The chairman pointed out that the State provided first-aid post and hospital care for these cases. When the patient was no longer in need of hospital care and was sent out, should he be a non-insured person, a capitation fee of 16s. per annum was payable to the attending practitioner, but if he was an insured person the position originally was—and to some extent so remained—that it was considered part of his insurance practitioner's obligations to attend him. The matter had been contested with the Ministry along two lines—first along the broad general line that this should not be a duty imposed on the insurance practitioner as such in any part of the proceedings, and that the population should come under the 16s. capitation fee irrespective of their condition as to insurance. It had also been pointed out that in the application of the machinery as it now existed it was possible that one or other or both of two things might happen: (1) that raids might be of such a character that the organization provided by the State would be unable to cope with the cases, and insurance practitioners would be obliged to carry out duties ordinarily done under the Ministry's arrangements; and (2) that the machinery might be available, but certain insured persons might say, "I prefer to go to my own doctor." The Ministry in an earlier letter acknowledged that the circumstances in the first of these instances would furnish a case for consideration, but the Executive had also pressed the second issue—that if people were attended by their own practitioner of their own choice, although the official arrangements were available, it was unfair that it should be considered part of the practitioner's insurance obligation. In a letter dated June 21 the Ministry wrote: "It was suggested at the conference . . . that the assurance given in our letter of February 26 should be regarded as covering the case of insured persons who for whatever reason seek treatment from their insurance doctors notwithstanding that first-aid post facilities may be available. This suggestion is accepted by the Department."

The further eventuality was considered in the Committee, that although there might be no breakdown of the official arrangements, the number of cases might be so large that the number of patients returned to their doctors would be correspondingly large notwithstanding the fact that casualties were being treated in hospital. It was agreed to ask for an assurance on this point. The chairman said that it was fully recognized that this work must inevitably fall upon practitioners, who would carry it out cheerfully pending any final arrangement. It was very important, he said, that practitioners in various areas which had suffered air raid casualties should furnish information to headquarters as to the work entailed.

Other Business

On a question being raised about record-keeping the chairman pointed out that there had been no relaxation in this matter, though disciplinary action had been for the time dropped. Those who did not continue to keep records would

be contributing to a condition which would let them all down later on.

The Executive, on the suggestion of a member of the Committee, agreed to consider the possibility of a wartime amendment relieving an absentee doctor from responsibility for the actions of his deputy. The present terms of service require the practitioner to be responsible for all acts and omissions of any practitioner acting as his deputy or assistant.

It was left in the hands of the Executive to consider the calling of the Annual Panel Conference at any time it deemed advisable.

Sitting as the National Insurance Defence Trust, the Committee accepted recommendations increasing the payments from the Trust to one aged or infirm insurance practitioner, and allowing an application for financial assistance from another. It also received intimation of the death of a beneficiary.

Correspondence

Rise in Locumtenents' Fees

SIR,—I have been following with interest the correspondence in your columns regarding the fees charged by locumtenents. As a newly qualified practitioner engaged in this work I feel that I should add my views. In my opinion there are two classes of locumtenents: (1) elderly practitioners past the age for military service; and (2) recently qualified men who have yet to be called up. In reply to Dr. Fletcher, who regrets that the latter class should command the same fee as the former, is not the younger man's lack of experience largely compensated by his industry, his initiative, his up-to-date knowledge of a rapidly moving science, and his methods of clinical investigation, which are not dulled by long years of general practice?

To those who accuse us of profiteering I have but one reply: let them try a locumtenent's appointment for a few months! For remuneration that has been static for years they will have to meet a rising cost of living, and run a car in spite of a 50% increase in tax, insurance, and running costs. They will find that the combined effect of the black-out and the removal of signposts and street names in a strange district is a very real hardship. A man who can, at a moment's notice, step into any practice and run it efficiently surely earns his salary. I can assure you that the present rate of remuneration is by no means excessive.—I am, etc.,

Dover, June 30. E. J. EWELL.

SIR,—Dr. F. Fletcher's letter (*Supplement*, June 29, p. 108) will surprise most general practitioners. Where is "more money being earned so that people call on the doctor more often"? What evidence can be produced to support the assertion that "owing to the increased work and the fact that there is more money in circulation the income of most practices has increased about 10%"? The true facts are that the incomes of most doctors have fallen by 25% to 50%, and their voluntary and unpaid work, due to national service, has increased enormously. Evacuation in all its forms, the extroversion effects of war service and war conditions, and the considerable rise in practice expenses have all contributed to reducing practice incomes. Dr. Fletcher's attempted justification for increased locumtenents' fees is not supported by facts, and until it is the locumtenent who demands more than the pre-war fee is profiteering.—I am, etc.,

Bradford, July 4. A. HAYES SMITH.

DAY NURSERIES

The Ministry of Health announces that day nurseries are being set up in areas where the need for them has been ascertained by the Ministry of Labour to provide for the care of young children whose mothers are engaged in munition work. In some areas schools have been used and in others private houses have been adapted. The National Council for Maternity and Child Welfare is establishing courses of instruction for women desirous of obtaining posts as nursery assistants.

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Commander L. C. D. Irvine to be Surgeon Captain.

Surgeon Lieut.-Commanders A. S. Bradlaw, H. M. Petty, R. W. H. Tincker, H. Winstanley, J. L. Cox, D. C. Wilson, R. J. Matthews to be Surgeon Commanders.

Surgeon Lieuts. H. G. Rees and H. R. Vickers to be Surgeon Lieutenant-Commanders.

Probationary Temporary Surgeon Lieut. A. G. Reid to be Temporary Surgeon Lieutenant.

ARMY MEDICAL SERVICES

Lieut.-Colonel E. B. Lathbury, O.B.E., retired pay, late R.A.M.C., has relinquished the rank of Lieutenant-Colonel at his own request whilst re-employed in the temporary rank of Major.

Major F. S. Irvine, C.M.G., D.S.O., retired pay, late R.A.M.C., has been restored to the rank of Colonel on re-employment in that rank.

ROYAL ARMY MEDICAL CORPS

Lieut.-Colonel L. G. Gibson, retired pay, has relinquished the rank of Lieutenant-Colonel at his own request whilst employed in the temporary rank of Major.

Lieut.-Colonel B. H. C. Lea-Wilson having attained the age for retirement has retired and remains employed.

Major H. R. Sheppard and (Acting Lieut.-Colonel) D. W. Beamish, M.C., to be Lieutenant-Colonels.

Lieuts. J. Mackay-Dick and E. H. Evans to be Captains.

ROYAL AIR FORCE MEDICAL SERVICE

Flying Officer H. S. Samuel to be Flight Lieutenant.

ROYAL AIR FORCE RESERVE: MEDICAL BRANCH

Flight Lieut. C. P. O'Toole has relinquished his commission on account of ill-health.

ROYAL AIR FORCE VOLUNTEER RESERVE: MEDICAL BRANCH

Flying Officer A. McK. Gunn has relinquished his commission on account of ill-health.

To be Flying Officers: C. E. Astley, R. O. Gillhespy, P. R. B. Grimaldi, K. N. Lloyd, P. Murphy, D. S. Pattison, A. M. Phillips, P. D. B. Spence, W. N. Watt.

COLONIAL MEDICAL SERVICE

W. H. Hart, M.B., B.Ch., has been appointed Senior Medical Officer, Zanzibar.

Postgraduate News

The Fellowship of Medicine announces that a Final F.R.C.S. operative surgery course will be held at Royal Cancer Hospital, on Mondays, Wednesdays, and Fridays at 2 p.m., from July 22 to August 16.

WEEKLY POSTGRADUATE DIARY

BRITISH POSTGRADUATE MEDICAL SCHOOL, Ducane Road, W.—*Daily*, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics and Operations, Obstetrical and Gynaecological Clinics and Operations. *Daily*, 1.30 to 2 p.m., Post-mortem Demonstrations. *Tues.*, 2.30 p.m., Ward Clinic, Sir Walter Langdon-Brown. *Wed.*, 11.30 a.m., Clinico-pathological Conference (Medical); 2 p.m., The Pathology of Fat Metabolism, H. Prof. J. H. Dible; 3 p.m., Clinico-Pathological Conference (Surgical). *Thurs.*, 2 p.m., Radiological Conference, Dr. Duncan White. *Fri.*, 2 p.m., Clinico-pathological Conference (Gynaecological); 2.30 p.m., Sterility Clinic, Mr. V. B. Green-Armytage.

FELLOWSHIP OF MEDICINE AND POSTGRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.: *Royal Cancer Hospital*, Fulham Road, S.W.: Mon., Wed., and Fri., 10 a.m. to 12.30 p.m., Final F.R.C.S. Clinical Surgery Course.

DIARY OF SOCIETIES AND LECTURES

ROYAL SOCIETY OF MEDICINE

General Meeting of Fellows.—Tues., 5.30 p.m. Ballot for election to the Fellowship.

PADDINGTON MEDICAL SOCIETY.—At St. Mary's Hospital, Paddington, W., *Tues.*, 9 p.m. Special meeting. Discussion: The Place of Medical Services in Wartime.

APPOINTMENTS

GAMMIE, A. E., M.B., Ch.B., Examining Factory Surgeon for the Hounslow District (Middlesex).

JONES, A. NORMAN, F.R.C.S., Medical Superintendent, West Park (County) General Hospital, Macclesfield.

LAURENCE, E. GORDON, M.R.C.S., L.R.C.P., Temporary Assistant Surgeon, Eye, Ear, and Throat Hospital, Shrewsbury.

SANDS, R., M.B., Ch.B., Resident Medical Officer, City of London Maternity Hospital, City Road, E.C.

LONDON COUNTY COUNCIL.—The following appointments in the Council's mental health services at the hospitals indicated in parentheses are announced: *Temporary First Assistant Medical Officer*: D. Shaw, M.D., B.S. (Tooting Bec). *Temporary Deputy Medical Superintendent*: C. R. Binnie, M.D., D.P.M. (Friern).

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements under this heading is 10s. 6d. This amount should be forwarded with the notice, authenticated with the name and address of the sender, and should reach the Advertisement Manager not later than the first post Tuesday morning to ensure insertion in the current issue.

BIRTH

MERRICK.—On July 1, 1940, at 1, Glengall Road, Bexleyheath, Kent, to Dorothy, wife of Dr. Ivor R. W. Merrick, a son.